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Effective on 12/06/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0

Complete if Known

Application Number	10/785,586
Filing Date	February 23, 2004
First Named Inventor	Daniel J. Picard
Examiner Name	Travis R. Hunnings
Art Unit	2612
Attorney Docket No.	SAR100061000

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-0566		Deposit Account Name: DeLio & Peterson, LLC	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

$$\frac{32}{20 \text{ or HP}} = \frac{0}{0} \times \frac{50.00}{50.00} = \frac{0}{0}$$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

$$\frac{4}{3 \text{ or HP}} = \frac{0}{0} \times \frac{200.00}{200.00} = \frac{0}{0}$$

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\frac{\text{Total Sheets}}{100} - 100 = \frac{\text{Extra Sheets}}{50} / 50 = \frac{\text{Number of each additional 50 or fraction thereof}}{50} \times \frac{\text{Fee ($)}}{50} = \frac{\text{Fee Paid ($)}}{50}$$

Fee (\$)

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Fee Paid (\$)

SUBMITTED BY

Signature	/Anthony P. DeLio/	Registration No. (Attorney/Agent)	18,729	Telephone (203) 787-0595
Name (Print/Type)	Anthony P. DeLio			Date November 13, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.